

FIG. 1

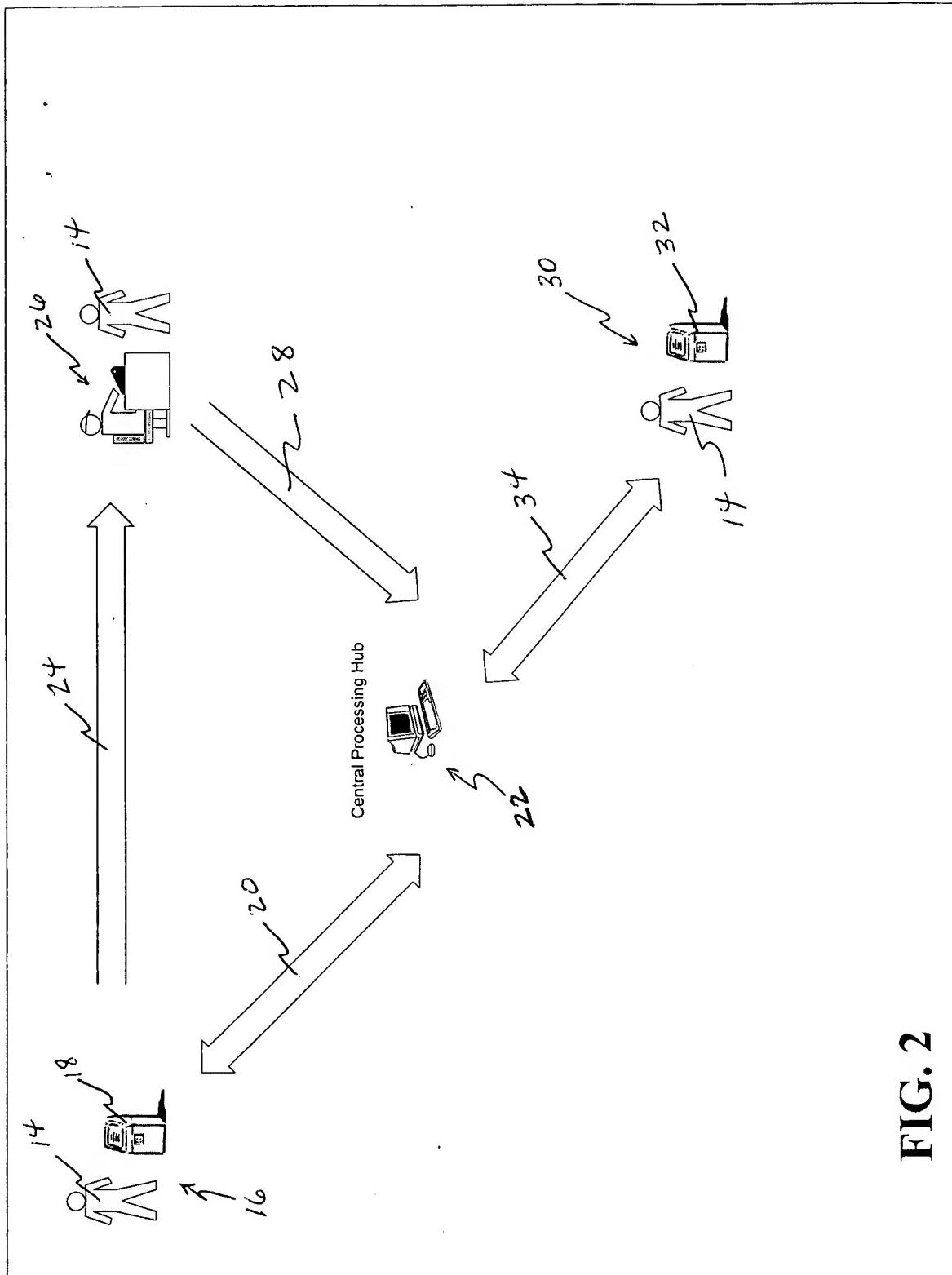


FIG. 2

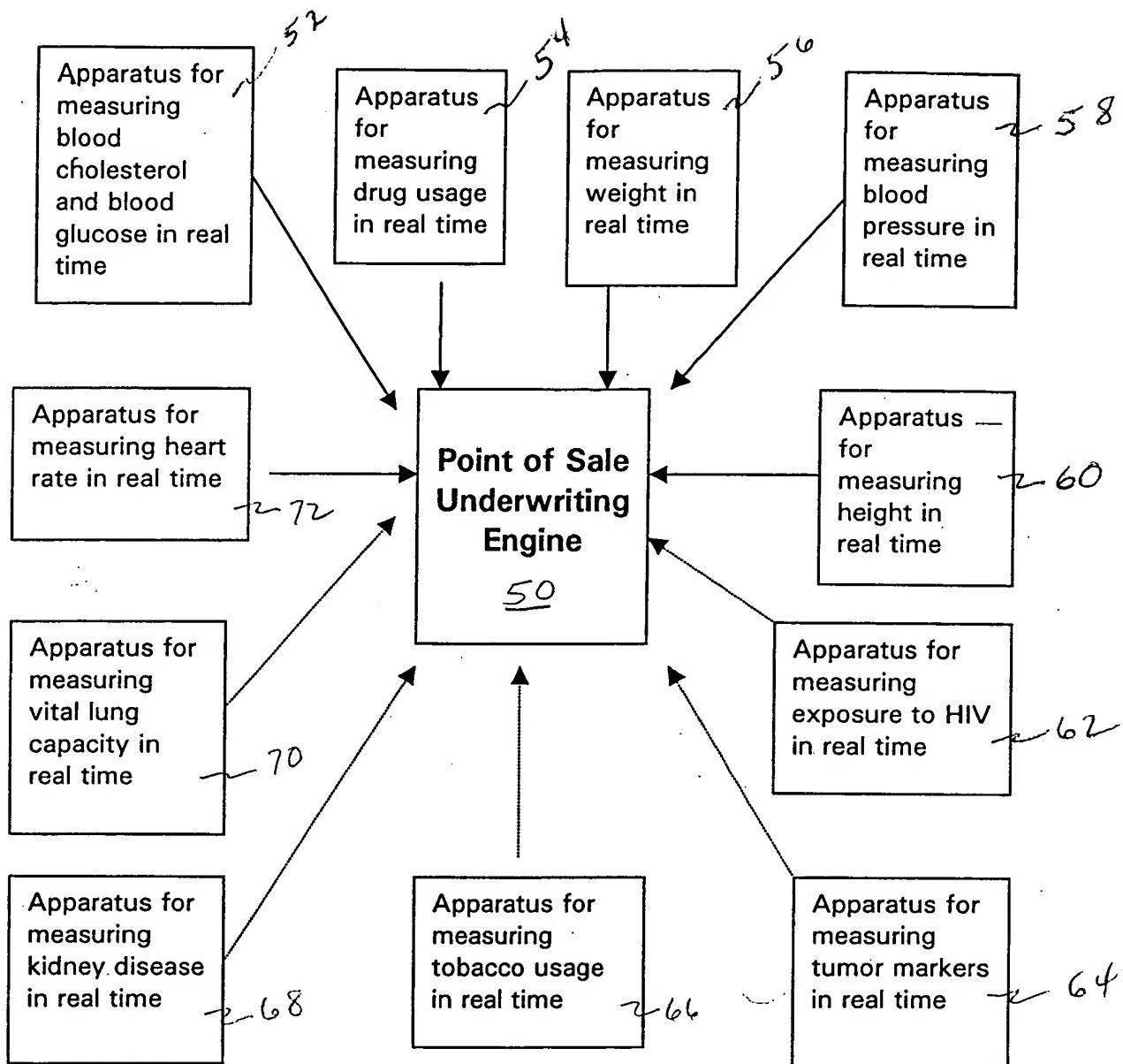


FIG. 3

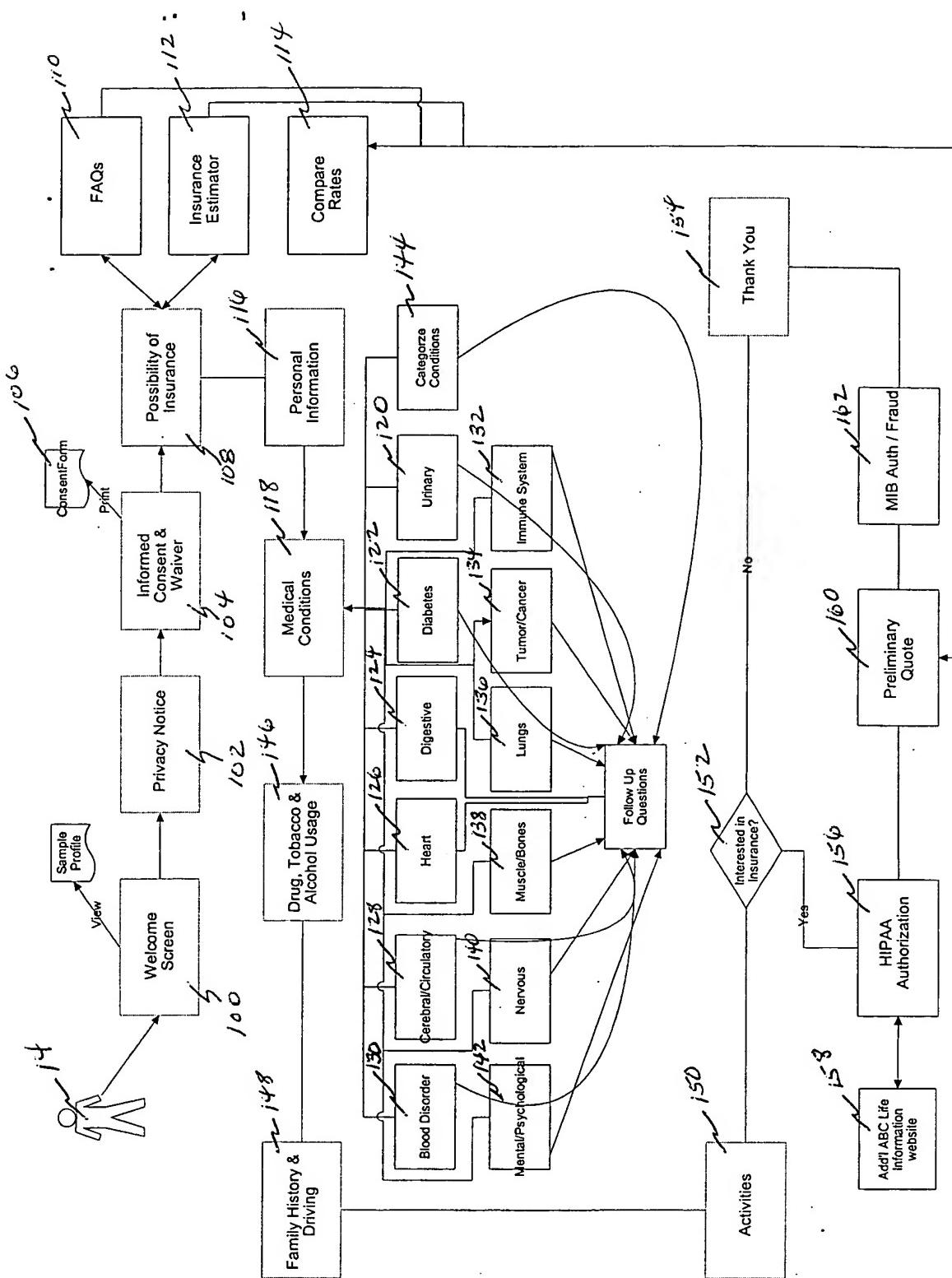


FIG. 4

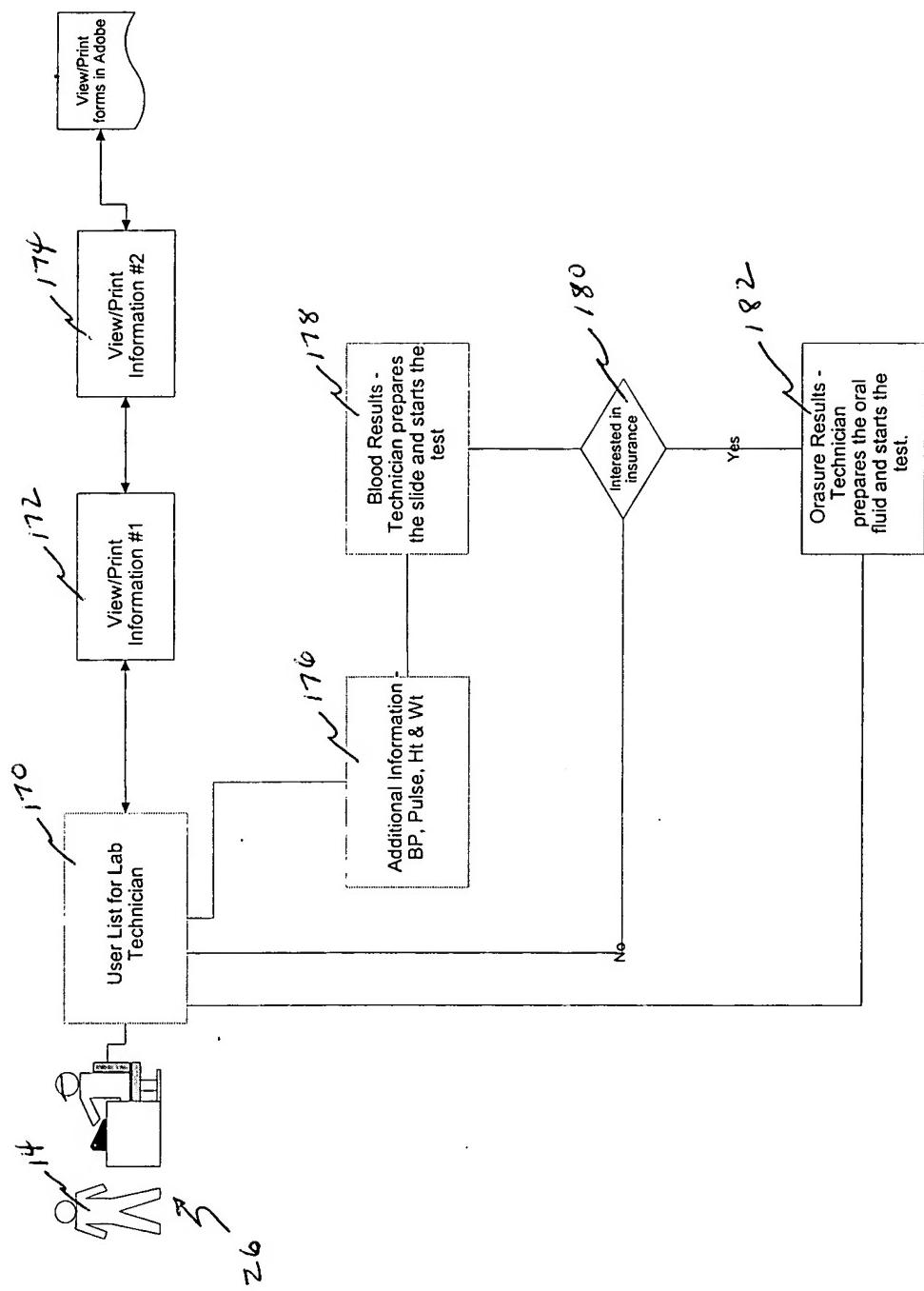


FIG. 5

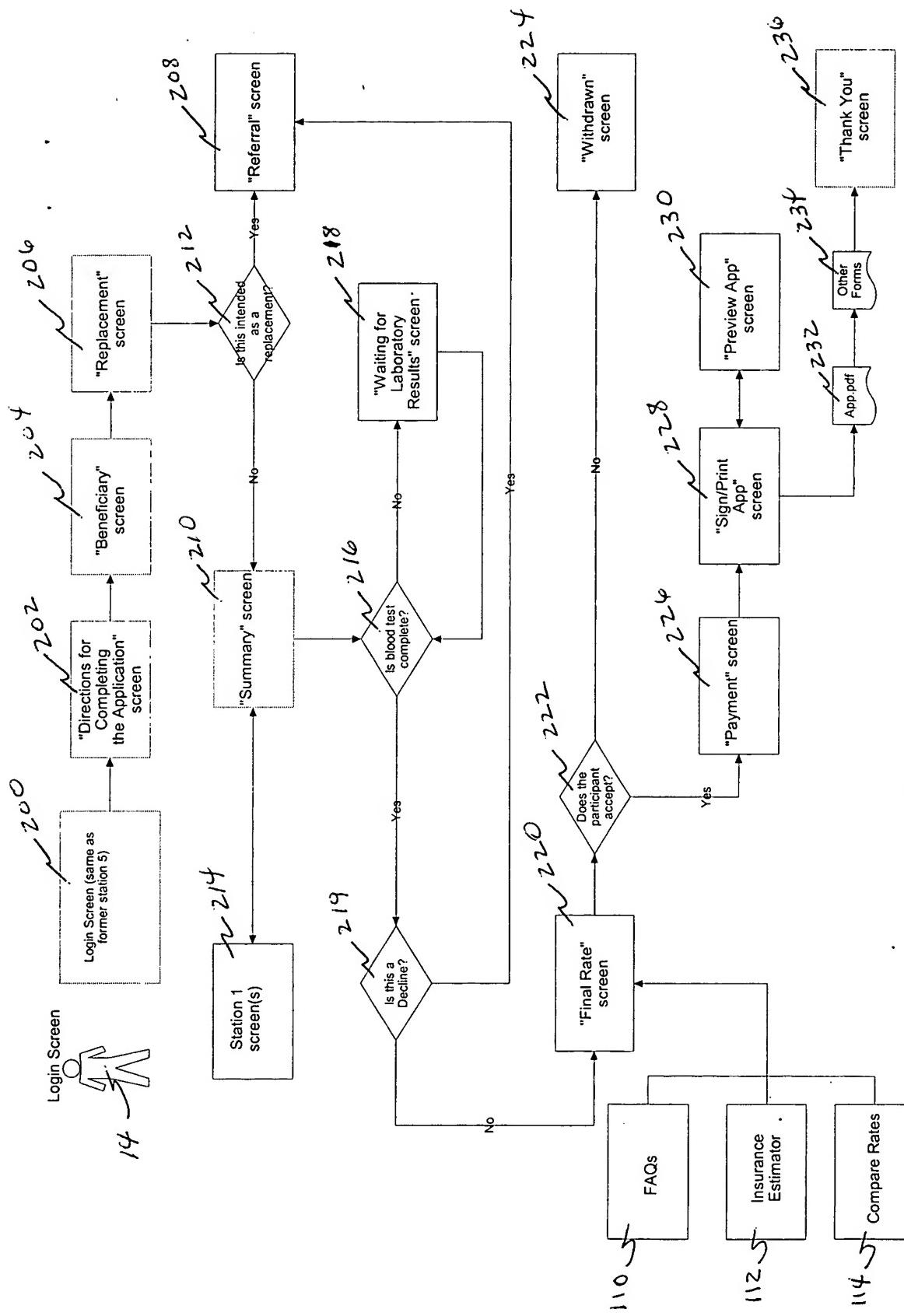


FIG. 6

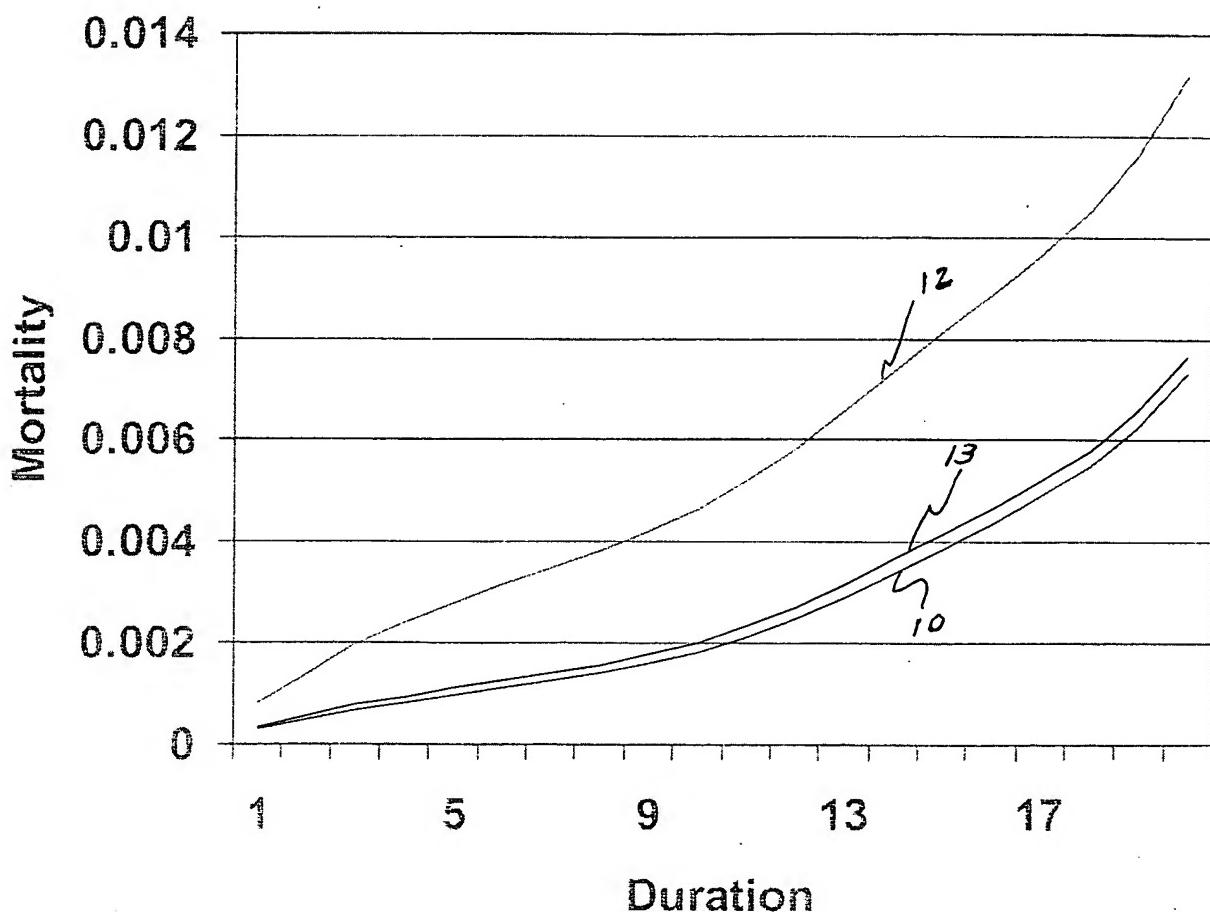


FIG. 7

Welcome

Congratulations on your decision to monitor your health by participating in this health fair.

Simply use the mouse and keyboard to move through the following questions.



FIG. 8

Privacy Notice

Unless you later decide to apply for life insurance, the information you provide during this health fair will not be disclosed to anyone, including your employer. It will only be retained in a format that allows you to be identified from the information provided for regulatory compliance purposes. If you later decide to apply for life insurance, you will then be asked to authorize the disclosure of personally identifiable information to ABC Life Insurance Company and its support organizations for underwriting purposes.



FIG. 9

Informed Consent and Waiver of Claims

- I voluntarily consent to having my blood drawn during this health assessment.
- I understand that the results of my health assessment are not a medical diagnosis and that a medical diagnosis can only be made by a qualified physician or licensed health care professional.
- I agree that my receiving a health assessment will not create a doctor-patient or other healthcare professional relationship between me and the program sponsor.
- I will not use the results of this health assessment as a substitute for seeking further information, diagnosis or treatment from my physician or other qualified health care provider.
- I waive and release the sponsor of this health assessment of any and all claims or causes of action for damages that may result from my participation in this health assessment program.

Not Interested
Understand and Consent

Understand and Consent

FIG. 10

Profile Identifying Information

Use the keyboard to enter information. Use the Tab key to move between fields. All fields marked with an asterisk (*) are required.

First Name*	Greg	Middle Initial*	S	Last Name*	Smith
Birth Date*	12	12	1972	State of Birth*	IN
Address	123 Main St				
City*	Fl Wayne	State*	IN	Zip*	45666
Phone*	987	897	7898		
Gender*	<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Female			
<input type="button" value="Continue"/>					

FIG. 11

Medical Conditions

In the past 10 years, I have had or consulted a medical professional for conditions affecting the following areas:
(Select the link(s) for the body system(s) that may apply or to learn more about each body system)

Blood Disorder

Mental/Psychological

Cerebral/Circulatory

Neurological/Nervous

Heart

Muscles/Bones

Digestive

Lungs

Diabetes and Other Gland
Conditions

Tumor, Cancer, Lump, and
Growth

Urinary

Immune System

Condition(s) that I don't know where to categorize



No Medical Conditions In The Past 10 Years

Previous

Continue

FIG. 12

Medical History - Lungs

In the past 10 years, I have had or consulted a medical professional for:

- | | | |
|--|---|--|
| <input type="checkbox"/> ADULT RESPIRATORY DISTRESS SYNDROME | <input type="checkbox"/> COLLAPSED LUNG | <input type="checkbox"/> SHORTNESS OF BREATH |
| <input type="checkbox"/> ALLERGIES | <input type="checkbox"/> EMPHYSEMA | <input type="checkbox"/> SINUS INFECTION |
| <input checked="" type="checkbox"/> ASTHMA | <input type="checkbox"/> LUNG CYST | <input type="checkbox"/> SLEEP APNEA |
| <input type="checkbox"/> CHRONIC BRONCHITIS | <input type="checkbox"/> PNEUMONIA | <input type="checkbox"/> TUBERCULOSIS |
| <input type="checkbox"/> CHRONIC LUNG DISORDER | <input type="checkbox"/> PULMONARY NODULE | <input type="checkbox"/> UPPER RESPIRATORY INFECTION |
| <input type="checkbox"/> OTHER CONDITION(S) NOT LISTED | | |
| <input type="checkbox"/> No history of Lungs | | |
| <input type="checkbox"/> Continue | | |

FIG. 13

Followup Questions for

ASTHMA

Have you been treated in an emergency room or hospitalized for this problem in the last 2 yrs? Yes No

Do you require regular use of inhaled bronchodilators or any use of inhaled steroids to control symptoms of this condition?

Have you smoked any type of tobacco in the last 12 months?

Previous Continue

FIG. 14

Medical History for Condition(s) that I don't know where to categorize

You answered that you have a history of other Condition(s) that I don't know where to categorize. Please specify all of the other conditions that apply.

Other conditions not listed:

FIG. 15

Drug, Tobacco and Alcohol Usage

Please answer the following questions:

SMOKING HISTORY

Have you used any form of tobacco or nicotine based product in the past 24 months?

<input type="checkbox"/>	Yes	<input checked="" type="radio"/>	No
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DRUG USAGE

In the past 10 years, have you ever used any of the following: marijuana, heroin, cocaine, LSD, PCP, amphetamines, barbiturates, any derivative of these drugs, or any controlled substance except as prescribed by a licensed physician?

<input checked="" type="radio"/>	Yes	<input type="radio"/>	No
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ALCOHOL ABUSE

In the past 10 years, have you had or consulted a medical professional for alcohol abuse?

<input checked="" type="radio"/>	Yes	<input type="radio"/>	No
----------------------------------	-----	-----------------------	----

FIG. 16

Additional Questions

Please answer the following questions:

FAMILY HISTORY

Has anyone from your immediate family (parents, brothers, sisters) died from or been diagnosed with any cardiovascular disease or cancer prior to age 60?

DRIVING RECORD

In the past 2 years have you had 2 or more moving violations, or, in the past 5 years, have you been convicted of reckless driving, driving under the influence of alcohol or drugs, or had your driver's license suspended or revoked?

FIG. 17

Activities

In the past 2 years, have you flown as a pilot, co-pilot, or crew member or participated in any hazardous sports, such as auto, motorcycle, or powerboat racing, hang gliding, mountain climbing, skydiving, or scuba diving?

<input checked="" type="checkbox"/> Boat Racing	<input checked="" type="checkbox"/> Mountain Climbing	<input checked="" type="checkbox"/> Scuba Diving
<input checked="" type="checkbox"/> Hang Gliding	<input checked="" type="checkbox"/> Pilot Aircraft	<input checked="" type="checkbox"/> Sky Diving
<input checked="" type="checkbox"/> Hot Air Ballooning	<input checked="" type="checkbox"/> Race Motor Vehicle	<input checked="" type="checkbox"/> Other hazardous activities <input type="text"/>
<input type="checkbox"/> No hazardous activities		
<input checked="" type="checkbox"/> Previous <input checked="" type="checkbox"/> Continue		

FIG. 18

<input type="checkbox"/> More Information	<input type="checkbox"/> ABC Life's Confidentiality Obligations
<p>You earlier expressed an interest in receiving a life insurance quote using the information provided during this health fair. Without your authorization, we cannot release identifiable health information about you to the insurer, and the insurer will be unable to provide you a quote.</p>	
<p>By clicking the "Authorization Granted" button below, you will be authorizing us to release the information you provide to us during this health fair to ABC Life Insurance Company, its representatives and its reinsurers (Jointly "ABC Life") for purposes of evaluating you for life insurance and for purposes of reinsurance. Your authorization will remain in effect only during this health fair unless earlier revoked.</p>	
<p>If you provide your authorization, we will immediately release your information to ABC Life, and it will provide you with a preliminary insurance quote on the next screen. If you express your continued interest in life insurance after reviewing the quote, we will continue to share with ABC Life the information you provide to us during this health fair, but only for the duration of this health fair.</p>	
<p>If at any time you decide you are not interested in insurance, you may notify one of our technicians of your decision. We will then consider your authorization revoke, will record the revocation in our database, and will not share any additional information with ABC Life.</p>	
<p>Once information is disclosed to ABC Life, it is possible that they may re-disclose the information without being subject to limitations in the federal Privacy Rule. ABC Life's privacy obligations to you will be set forth in its insurance application. You may click on the hyperlink to the right to see these privacy obligations.</p>	
<input type="button" value="Authorization Denied"/>	<input type="button" value="Authorization Granted"/>

If you provide your authorization, this screen will be printed and provided to you in writing along with your health profile.

FIG. 19

 <p>Preliminary Rate Quote for Greg S Smith</p>		More Information Frequently Asked Questions Compare Rates Insurance Estimator																													
<p>Although we haven't collected all of the information we'll need to offer you insurance, thus far you would qualify for the following insurance premiums. You can select different Term Periods to view other rates.</p> <p>Term Period: <input type="checkbox"/> 10 Year <input checked="" type="radio"/> 20 Year</p> <table border="1"> <thead> <tr> <th colspan="4">Monthly Premiums</th> </tr> <tr> <th>Coverage Amount</th> <th>Preferred Plus</th> <th>Preferred</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>\$100,000</td> <td>3.65</td> <td>4.78</td> <td>5.91</td> </tr> <tr> <td>\$200,000</td> <td>7.30</td> <td>9.57</td> <td>11.83</td> </tr> <tr> <td>\$300,000</td> <td>10.96</td> <td>14.35</td> <td>17.74</td> </tr> <tr> <td>\$400,000</td> <td>14.61</td> <td>19.14</td> <td>23.66</td> </tr> <tr> <td>\$500,000</td> <td>18.27</td> <td>23.92</td> <td>29.58</td> </tr> </tbody> </table> <p><input type="checkbox"/> Previous <input type="checkbox"/> Not Interested <input checked="" type="checkbox"/> May be Interested</p>				Monthly Premiums				Coverage Amount	Preferred Plus	Preferred	Standard	\$100,000	3.65	4.78	5.91	\$200,000	7.30	9.57	11.83	\$300,000	10.96	14.35	17.74	\$400,000	14.61	19.14	23.66	\$500,000	18.27	23.92	29.58
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\$500,000	18.27	23.92	29.58																												

FIG. 20



MBI Authorization

I authorize any health care provider, pharmacy, and consumer reporting agency, including the Medical Information Bureau, to release medical or financial information about me to you for purposes of providing me with an insurance quote. I also authorize you to share any information provided by or about me during this session to your reinsurers and the Medical Information Bureau. Both of these authorizations are irrevocable and valid for 30 days from today.

Fraud Warning

Any person who submits an insurance application with the intent to defraud, or helps commit a fraud against an insurance company, is guilty of a crime.

Do you accept all of the terms of the preceding authorization? If you choose NO, we will not be able to complete the insurance application process. If you choose YES, this will authorize ABC Life to contact MBI, etc and fraud acknowledgement..

Decline

Understand and Accept

FIG. 21

Thank You

Thank you for completing your personal information. Please go to Station 2
for additional processing.

FIG. 22

User List for Lab Technician

User ID	Status	Name	Birth Date
1	Online	Higgins, Mike	August 26, 1950
2	Online	Manning, Peyton	November 11, 1971
3	Online	Smith, Greg	December 12, 1972

FIG. 23

Additional Information for Greg S Smith

Blood Pressure*	<input type="text" value="110"/> / <input type="text" value="70"/>
Height**	<input type="text" value="5"/> feet <input type="text" value="10"/> inches
Weight*	<input type="text" value="160"/> lbs
Pulse Rate*	<input type="text" value="60"/> Pattern* <input checked="" type="radio"/> Regular <input type="radio"/> Irregular
 <input type="button" value="Previous"/> <input type="button" value="Continue"/>	

FIG. 24

Blood Results for:

Greg S Smith 123 Main St
Ft Wayne, IN 45666

- Prepare slide with patient's blood
- Place slide into Device 1
- Press the run button on the device
- Immediately press the Start Test button below



FIG. 25



Additional Application Information

Enter your name and date of birth and hit the 'Continue' button. This will display a series of screens for obtaining additional information needed for the insurance application.

Last Name*	Smith		
Birth Date*	12	12	1972

FIG. 26



Directions

Thank you for your continued interest in applying for life insurance. The results of the blood and saliva tests you completed for your health profile should be available in about 5 minutes. We will complete our underwriting for insurance purposes at that time and hopefully offer you a final premium quote for your consideration. To make use of your time while you wait, we recommend that you review a preliminary insurance application we've compiled from the answers you provided earlier during the health fair. We will also ask you for information we need to complete your application (e.g., the names of those who you'd like to receive death benefits). During this process, you will be alerted as soon as your final quote is available. You may decide not to proceed with this application at any time.

Previous Continue

FIG. 27



Beneficiaries for Greg S Smith

	First Name	Middle Name	Last Name	Relationship	Percentage
Greg	Linda	S	Smith	spouse	100
Clea					

[Previous](#) [Continue](#)

FIG. 28



Replacement Policies for Greg S Smith

Is this policy replacing any current policies? Yes No

[Previous](#) [Continue](#)

FIG. 29



Comprehensive Quote:

Before receiving your final rate quote, please review the answers that you have provided so far and confirm that the answers are correct. If you need to make a change, click on the "Edit" button for the section.

Quick Quote General Information:

State of Birth	IN
Birth Date	12/15/1972
Gender	Male
Amount of Insurance	\$200,000.00
Plan of Insurance	20 Year Term

Personal Information:

First Name	Greg
Middle Initial	S
Last Name	Smith

FIG. 30



Waiting For Laboratory Results

Thank you for your interest in applying for insurance. Your application is nearly complete. In order to provide you with the best possible quote, we must evaluate your blood and saliva that you have submitted. Unfortunately, those results have not yet been received. Once received and evaluated, your final premium quote will be displayed for your consideration. This process may take up to 5 minutes. Thank you for your patience.

[Previous](#)

FIG. 31

ABC Insurance Company
Protecting your business in one easy step.
Call us for a free quote or visit our website.

Final Rate Quote of Super Preferred for Greg S Smith

Term Period: 10 Year 20 Year

More Information
 Frequently Asked Questions
 Compare Rates
 Insurance Estimator

Coverage Amount	Monthly	Yearly
\$100,000	1.65	19.00
\$200,000	3.30	38.00
\$300,000	4.95	57.00
\$400,000	6.61	76.00
\$500,000	8.26	95.00

Do you want to enter the amount you want to pay each month? Yes No

Do you wish to purchase this insurance? Yes No

FIG. 32



Payment Information for Greg S Smith

Earlier, you chose a policy of \$200,000.00 for 10 years. A monthly payment would be \$3.30 and an annual payment would be \$38.00

Most customers prefer to have their premiums deducted automatically from their checking or savings account each month.

Which method of payment would you prefer?*

- Automatic monthly check debit for \$3.30 Annual payment by check for \$38.00

FIG. 33



Complete Your Application

You are now ready to sign and print your insurance application. You may preview it if you'd like by clicking on the button below.

Preview

Once you are satisfied that your application is accurate, you may sign your application and submit it to ABC Life Insurance Company today or you may print this application without signing it and submit it at a later date.

Do you wish to sign and submit your application today? Yes No

Previous **Continue**

FIG. 34

Complete Your Application

You are now ready to sign and print your insurance application. You may preview it if you'd like by clicking on the button below.



Once you are satisfied that your application is accurate, you may sign your application and submit it to ABC Life Insurance Company today or you may print this application without signing it and submit it at a later date.

Do you wish to sign and submit your application today? Yes No

Sign your application by typing your name in the box below. By typing your name in the box, you will be affirming the accuracy of the information contained in your application. Upon completing this signature process, you will be provided with a paper copy of the application with your name inserted into the signature block as evidence of your signature.

Signature (first, middle, last)*



FIG. 35



Thank You

Thank you for your application. Consider it submitted. A completed copy of your application is printing nearby. Please take it home for your records.
Your policy will be issued within 5 business days.



FIG. 36